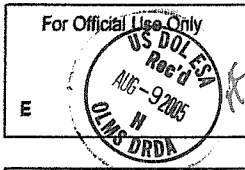


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4762</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Joseph A Colfer</u> P.O. Box, Bldg., Room No., if any Street <u>41-43 East Willow Street</u> City <u>Millburn</u> State <u>New Jersey</u> ZIP Code + 4 <u>07041</u>	4. Name, file number, and address of labor organization. Name <u>U.A. Sprinkler Fitters Local 696</u> Labor Organization File Number <u>020817</u> P.O. Box, Building and Room Number, if any Street <u>41-43 East Willow Street</u> City <u>millburn</u> State <u>New Jersey</u> ZIP Code + 4 <u>07041</u>
5. Position in labor organization. 	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Joseph A Colfer</u>	On <u>8-3-05</u> Date	<u>201-259-0276</u> Telephone Number

Name of Person Filing <u>Joseph A. Colfer</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Automatic Sprinkler
Industry Welfare Fund
Trade Name, if any: NAASF
P.O. Box, Bldg., Room No., if any:
Street 8000 Corporate Drive
City Landover
State Maryland ZIP Code + 4 20785

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

11.a. Nature of such dealing.

Sponsored Trust Fund

11.b. Approximate dollar value of such dealing.

63.00

12.a. Nature of interest held or income received.

Health and Welfare Benefit Fund
11-24-04 Seminar Material

12.b. Amount.

63.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

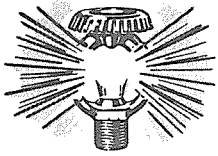
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

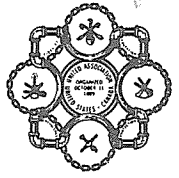
13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



NATIONAL AUTOMATIC SPRINKLER INDUSTRY WELFARE FUND • PENSION FUND

8000 CORPORATE DRIVE • LANDOVER, MD 20785



TELEPHONE
(301) 577-1700

WELFARE FUND TRUSTEES

CORNELIUS J. CAHILL, Secretary
RICHARD D. SULLIVAN
JOHN A. VINIELLO
JOHN P. McKEEFE
JAMES F. LYNCH

BRADLEY M. KARBOWSKY, Chairman
JOHN D. BODINE
RICHARD C. HODAVANCE
MICHAEL R. MAHLER
ROBERT W. KUETHE

PENSION FUND TRUSTEES

CORNELIUS J. CAHILL, Secretary
RICHARD D. SULLIVAN
JOHN A. VINIELLO
JOHN P. McKEEFE
JAMES F. LYNCH

BRADLEY M. KARBOWSKY, Chairman
JOHN D. BODINE
STANLEY M. SMITH
WAYNE MILLER
ROBERT W. KUETHE

TOLL FREE
800-638-2603

MICHAEL W. JACOBSON, Administrator



July 6, 2005

Joe Colfer
Local Union 696
41-43 E. Willow St.
Millburn, NJ 07041

Dear Joe:

Re: Form LM-10

We have done an extensive review of the Fund expenses paid on behalf of union officials. This was done to determine amounts that the Welfare Fund will need to report on Form LM-10. The Form LM-10 requires that each expense item be shown separately, with a date, and an explanation of the expenditure.

The NASI Welfare Fund will report the following expenditures on your behalf:

11/24/04	Seminar Material	Colfer, Joe	63.17
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If you have any questions or require any additional information, please contact the Fund Office.

Sincerely,

John P. Eger
Assistant Fund Administrator

Your Right to Appeal

If you disagree with any of the determinations or opinions expressed in this letter you have the right to request a review by the Trustees. Such a request should be in writing, should explain why you disagree with the Fund Office and should include any new information or documents to support your position. You may review documents from your file in the Fund Office. Your written appeal will normally be considered at the next Trustees' meeting provided it is received at least 30 days before the meeting.